

## **EXHIBIT Q**

Aug 13 04 11:42a

TOWER INSURANCE SERVICES

302 656 5915

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**TOWER**

INSURANCE  
SERVICES

Property and  
Casualty Adjusters

## FINAL REPORT

P.O. Box 4088  
Greenville, DE 19807-0088

(302) 656-4657  
fax (302) 656-5915

August 13, 2004

Ms. Sherry Clodfelter  
Harleysville Insurance Companies  
Southeast Claims Service Center  
2885 Elm Hill Pike  
P.O. Box 140996  
Nashville, TN. 37214

RE: Insured: Layne Drexel  
Claim#: SO - 530739  
Tower File #: 04-2095  
Date of Loss: 06-22-04  
Peril: Fire Damage  
Loss Location: 1740 W. 4<sup>th</sup> St. Wilmington, DE.

### ENCLOSURES:

1. Confirmation from insured's contractor agreeing to estimate
2. Replacement Cost Report
3. Service Invoice
4. File Time Sheet

ACTIVITY: Per our telephone conversation of this date.

We have confirmed an agreed repair price, with the insured's contractor, G. S. Booth Construction, for the amount of our revised repair estimate, \$49,877.20. Repairs are underway however, depreciation should be applied as indicated in our estimate which was included in our report of August 9<sup>th</sup>.

We have also provided you with the contractor's federal tax I.D. number, 52-02010279.

DR 0215

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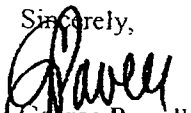
TOWER INSURANCE SERVICES 302 656 5915

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As we have previously advised, there had been some dispute with the insurance carrier of the liquor store business, Montgomery Insurance Group, concerning several of the content items; including partition walls, shelving and cooler. Our report of July 30<sup>th</sup> provided you with the Sales Agreement on the liquor store in which it was clearly indicated that the disputed terms were sold with the business. As the liquor store was damaged but still a business at this location, these improvements to the property did not revert to our insured and should be covered under the business owner's policy and not the policy of our insured, Mr. Drexel.

At this time, our assignment has been completed We are closing our file and submitting our service invoice for your consideration.

Sincerely,

  
George Powell  
GEP:moc

DR 0216

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TOWER INSURANCE SERVICES

302 656 5915

08/13/04 FRI 08:31 FAX 3026547784

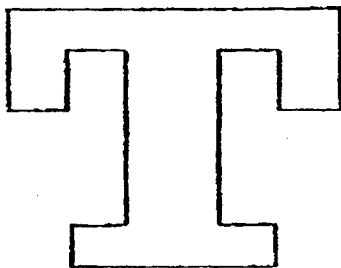
G.S. BOOTH & ASSO

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P. O. BOX 4088  
GREENVILLE, DE. 19607-0088  
302-656-4657  
fax 302-656-5915

**TOWER  
INSURANCE  
SERVICES**



**Fax**

To: MARK

From: GEORGE POWELL

Fax:

Pages: 1

Phone:

Date: 8/13/2004

Re: DREXEL

Claim: 04-2095

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ As Requested

• Comments: MARK:

I HAVE NOT YET REC'D. A RESPONSE TO MY FAX OF 08/09/04; REQUESTED A RETURN FAX AGREEING WITH OUR PRICE.

THE COMPANY IS WAITING FOR THIS RESPONSE TO ISSUE CHECKS.

WHEN RESPONDING, PLEASE PROVIDE YOUR TAX I.D. NUMBER SO I CAN GET YOUR NAME ON THE CHECK.

PLEASE RESPOND ASAP.

*George - I thought you had an agreement with Mark! We accept your response 8/14/04  
Gund & Pust*

TAX ID# : 52-2010279

08/13/04 FRI 08:26 [TX/RX NO 8219]

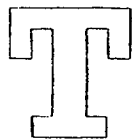
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TOWER INSURANCE SERVICES

302 656 5915

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**TOWER INSURANCE SERVICES**

P. O. BOX 4088  
 GREENVILLE, DE. 19807  
 (302) 656-4657  
 fax (302) 656-5915

**Policy Number:** MPA-812988**Interviewer:** George Powell**Agent Code:****Name:** Layne Drexel

**Property Address:** 1740 W. 4th Street  
 Wilmington, DE 19801 USA

**Date Entered:** 8/13/2004**Date Inspected:** 6/24/2004**Date Assigned:** 6/23/2004**Configuration:** 100% 3 Story**Style:** Town/Rowhouse (end unit)**Built In:** 1934**Purpose:** Duplex**Sq. Feet:** 2,425**Roof Type:** 100% Flat**Shape:** Simple Rectangle**Construction:** 100% Basement**Lot Slope:** None/Moderate**Foundation Material:** 100% Concrete

**Living Spaces:** 2 Dining Room  
 2 Family Room  
 2 Foyer/Entryway  
 2 Hallway  
 2 Living Room  
 2 Nook

**Bedrooms:** 7 Bedroom**Kitchens:** 3 Kitchen**Bathrooms:** 4 Full Bath

**Utility/Closets:** 2 Laundry Room  
 2 Utility Room  
 2 Walk-In Closet

**Wall Materials:** 25% 1/2" Drywall over Wood or Steel Framing. Ready for Paint  
 75% Plaster over Wood or Steel Framing

**Wall Finishes:** 100% Paint

**Ceiling Finishes:** 80% Paint  
 20% Suspended Ceiling

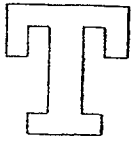
**Floor Covering:** 74% Carpet  
 26% Vinyl

**Room Features:**

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**TOWER INSURANCE SERVICES**

P. O. BOX 4088  
 GREENVILLE, DE. 19807  
 (302) 656-4657  
 fax (302) 656-5915

**Wall Materials:** 25% 1/2" Drywall over Wood or Steel Framing, Ready for Paint  
 75% Plaster over Wood or Steel Framing

**Wall Finishes:** 100% Paint

**Ceiling Finishes:** 80% Paint  
 20% Suspended Ceiling

**Floor Covering:** 74% Carpet  
 26% Vinyl

**Room Features:**

**Kitchen Appliances:** 2 Dishwasher  
 2 Garbage Disposal  
 2 Range Hood

**Bath Fixtures & Features:**

**Counter/Vanity Tops:** 100% Plastic Laminate Countertop

**Cabinet/Vanity Features:**

**Wall Material:**  
**Interior Wall Finishes:**  
**Ceiling Finishes:**  
**Floor Covering:**  
**Ext. Wall Finishes:**  
**Roof Covering:**

**Exterior Wall Finish:** 10% Aluminum or Metal Siding  
 90% Brick Veneer

**Roof Covering:** 100% Built-up

**Exterior Features:** 4 Exterior Doors

**Heating, AC and Fireplace:** 2 Forced Air Heating System

**Home Specialty Systems:**

**System Defined:**

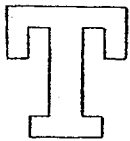
**User Defined:** 1 FIRST FLOOR STORE FRONT INTERIOR FINISH

**Detached Structures:**

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**TOWER INSURANCE SERVICES**

P. O. BOX 4088  
 GREENVILLE, DE. 19807  
 (302) 656-4657  
 fax (302) 656-5915

**Policy Number:** MPA-812988**Interviewer:** George Powell**Agent Code:****Name:** Layne Drexel

**Property Address:** 1740 W. 4th Street  
 Wilmington, DE 19801 USA

**Date Entered:** 8/13/2004**Date Inspected:** 6/24/2004**Date Assigned:** 6/23/2004**Configuration:** 100% 3 Story**Style:** Town/Rowhouse (end unit)**Built In:** 1934**Purpose:** Duplex**Sq. Feet:** 2,425**Roof Type:** 100% Flat

<b>Foundation:</b>	\$7,087.51
<b>Rough Framing:</b>	\$32,601.66
<b>Exterior Finish:</b>	\$29,039.86
<b>Windows:</b>	\$7,985.92
<b>Roofing:</b>	\$2,080.90
<b>Electrical:</b>	\$21,087.54
<b>Plumbing:</b>	\$10,957.01
<b>Heating/AC:</b>	\$7,614.06
<b>Floor Covering:</b>	\$7,099.31
<b>Interior Finish:</b>	\$62,315.24
<b>Appliances:</b>	\$6,144.80
<b>Additional Features:</b>	\$30,000.00

**Sub Total:** \$224,013.81**Permits & Fees:** \$0.00**Overhead & Profit:** \$0.00**Sales Tax:** \$0.00**Estimated Replacement Cost:** \$224,013.81

Dwelling Replacement Cost\*:

\$224,013.81

Policyholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* The Replacement Cost figure represents the estimated reconstruction cost for the above described residence and includes such things as labor & materials to meet current building codes and contractor profit and overhead. The estimate does not include cost for such items as excavation, land value, or detached structures. This information is to be used for insurance purposes only and is provided upon the condition that the user agrees that it represents only an estimate and that the provider is not responsible for good faith errors.

DR 0220

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## FILE TIME SHEET

TOWER INSURANCE  
SERVICESP.O. Box 4088  
Greenville, DE. 19807Company: HARRISVILLECompany Claim #: SO 530739Examiner: CLOFFETERTower File #: 64-2095Adjuster: POWERPolicyholder: DREXEL

DATE	TIME	ACTIVITY	EXPENSE	MILES
6/23	.2	Discussed w/a		
6/23	.1	Called tenant, no ans		
6/23	1.2	Cold call to sub/mult w/tenant		20
6/23	.2	Discussed w/a		
6/27	.5	contacted P/H on vacation	40 5 -	
6/27	.4	Called local contact - Mr. Wilson	ph. 25	
6/27	.6	Gary Hahn // content adj.	40 8 -	
6/24	4.8	Inspection 43 PHOTOS + 9 digital		20
6/24	.6	Report email		
6/29	N/C	Called P/H, left # call	PA. 50	
6/29	N/C	Called P/H, home # busy, X5		
6/29	N/C	Called P/H, home #, left #		
6/29	.6	Call to P/H	pt. 37	
6/29	.2	Called P/H, discussed	ph. 25	
6/29	.6	Call to P/H	pt. 37	
7/6	.2	Discussed w/contractor	ph. 25	
7/6	.6	Call to P/H		
7/6	.2	ASTON MEMO		
7/15	.5	Discussed w/Tenant // left message to P/H	ph. 50	
7/15	.5	Reviewed lease; file of sale		
7/19	.2	Discussed w/contractor, again req. est.	ph. 25	
TOTAL				

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TOWER INSURANCE SERVICES

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## FILE TIME SHEET

TOWER INSURANCE  
SERVICESP.O. Box 4088  
Greenville, DE. 19807

Company:

HAMELSVILLE

Company Claim #:

50-530739

Examiner::

CLODFELTER

Tower File #:

04-2095

Adjuster:

POWER

Policyholder:

DIXIEL

DATE	TIME	ACTIVITY	EXPENSE	MILES
7/19	.3	Discussed w/ PA for bus policy contract	no. 3 -	
7/25	1.0	Review G.S. Booth estimate		
7/30	.4	Discussed w/ contractor	ph. 25	
7/30	2.0	Inspection		20
7/30	2.4	Report		
7/30	.6	Letter Prop. Com. - 7 business carrier adj.	ph. 15.25 / post 4.10	
7/30	.6	Letter G.S. Booth	fax 1	
8/6	.1	Called Booth, left #	ph. 25	
8/8	.1	Called Booth, left #	ph. 25	
8/9	.1	Called Mt. Grove Station - machine	ph. 25	
8/9	.2	Discussed w/ G.S. Booth	ph. 25	
8/9	1.0	Report	ph. 4.00	
8/9	.4	Report to G.S. Booth	post 3 -	
8/9	1.5	Revised estimate		
8/13	.1	Discussed w/w		
8/13	.3	fax to contractor	ph. 25	
8/13	.2	Discussed w/ contractor	ph. 25	
8/13	.1	Discussed w/w		
8/14	.6	Final Report.		
TOTAL	24.2			60

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**ADJUSTMENT INVOICE****TOWER INSURANCE  
SERVICES****P.O Box 4088****Greenville, DE. 19807****(302) 656-4657**

Date: 08-13-04

Policyholder: L. DREXEL

Examiner: S. CLODFELTER

Co. Claim #: SO-530739

Tower File 04-2095

FED. I.D. # 52-2344654

Name: HARLEYSVILLE INS. COMPANIES

Address: P. O. BOX 140996

City, State, Zip: NASHVILLE, TN. 37214

Quantity		Hourly Rate	Amount
24.2		\$52.00	\$1,258.40
Total Hourly Cost			<b>\$1,258.40</b>

Quantity	Service	Cost	Amount
50	ADD'L. PHOTOGRAPHS	\$2.00	\$100.00
Total Additional			<b>\$100.00</b>

Mileage		Rate	Amount
N/C			N/C
Total Mileage			<b>N/C</b>

Office Expense **\$90.00**Copy & Phone **\$40.50**Postage **\$7.84**Total amount **\$1,496.74**

PLEASE RETURN ONE COPY WITH PAYMENT

DR 0223